

The National Electronic Telecommunications System for Surveillance (NETSS)
CDC Implementation Plan for STD Surveillance Data
December 2007 (revised)

CDC CONTACTS:

- | | |
|--|--|
| 1) National Center for Public Health Informatics (NCPHI) | (404) 498-6277 |
| 2) Division of STD Prevention (DSTDP) | (404) 639-8356 (phone) or sdmb@cdc.gov |

A. RECORD LAYOUT:

CDC STD surveillance data must consist of 1) the core 60-byte demographic portion established by the National Center for Public Health Informatics (NCPHI) at CDC, and 2) extended record data beyond the 60-byte record determined by the Division of STD Prevention (DSTDP). See **ATTACHMENT A** for the **Record Layout and additional instructions for Transmission of STD Morbidity Data**. If you have questions regarding the 60-byte record layout, contact NCPHI. If there are questions on STD data in the extended record, contact DSTDP.

B. SOFTWARE:

Microcomputer software (**STD*MIS**) for STD morbidity data entry, analysis, and creation of NETSS transmission records is available to states desiring to use it. Installation and training in the use of STD*MIS software will be provided by DSTDP staff. Contact DSTDP staff for more information on STD*MIS.

C. CDC TRANSMISSION DEADLINES:

As required by the MMWR, STD surveillance data and verification records should be transmitted to Atlanta via Secure Data Network (SDN) on a **WEEKLY** basis. Data collected through Saturday of a given week should be transmitted to CDC by the following **Tuesday, 12:00 Noon**, Atlanta time. Sites are encouraged to report on the following Monday, if possible. **Any data transmitted after the Tuesday, Noon deadline will NOT be included in the MMWR published that week.** Be sure to check with the State Epi Office for their internal deadlines for data transmission.

D. STEPS FOR INITIAL TRANSMISSION:

1. The **STD surveillance reporter** should contact the state General Epi office to coordinate transmission of STD data from the STD office to the state. Issues to cover:
 - a. What **diseases/event codes** will be reported through NETSS, and are there any problems with the record layout as specified by NCPHI and DSTDP?
 - b. **How** (CD, e-mail, handcarry) **will data be sent** to General Epi office?
 - c. Will STD data be "**piggy-backed**" with General Epi data or sent to CDC separately?
 - d. A policy in the event that STD data transmission is **interrupted**. Conversely, would STD office be able to transmit General Epi data if the General Epi office was unable to transmit. If STD office transmission to NCPHI should be necessary, contact NCPHI for more information.

- e. Establish how weekly CDC NETSS **NCPHI Transmission Summary Reports** are distributed to the states, including STD*MIS representatives, STD Program staff, and other reporting areas. Be sure to review these reports as soon as possible to facilitate weekly reconciliation of data, and contact NCPHI if there are any questions. For an example of the **Transmission Summary Report**, see **ATTACHMENT B**.
2. **If a reporting area is using STD*MIS software:** In addition to contacting the state General Epi Office, the STD coordinators in the field should contact the appropriate CDC STD*MIS field representative to inform them that they are ready to begin transmission.

If a project area wants to begin transmitting during the middle of a calendar year, they will be asked by NCPHI to transmit **YTD (year-to-date)** data. CDC STD*MIS field reps may be asked to provide additional technical assistance.

3. **If a reporting area is using their own software, not STD*MIS:** The STD Coordinators should contact their General Epi Office to inform them that they are ready to begin transmission of STD morbidity data.

NCPHI will ensure that the core data matches the required NETSS record layout. The extended data must match the record layouts in **ATTACHMENT A**.

As of January 2008, DSTDP will transition to a new STD case report format. **ATTACHMENT C** lists elements that may need to be re-coded for transmission using the new format.

If a project area wants to begin transmitting during the middle of a calendar year, they will be asked by NCPHI to transmit **YTD (year-to-date)** data.

4. **BEFORE official transmission of STD data**, a test file should be sent, after Tuesday, from the STD office to the General Epi office, which in turn will send the test transmission to NCPHI. NCPHI will check the test transmission and report the results back to the state General Epi office. Coordination between the state STD office, state General Epi office, and NCPHI is essential to ensure that all parties understand that "this is only a test".
5. **If available, YTD data should be included in the first "official" transmission of data.** Contact NCPHI for questions and final approval before transmitting any YTD data. **Do NOT transmit an incomplete YTD file. A complete YTD file is a file which contains year-to-date data starting on January 1st of the current year through the date that the transmission was prepared.** (For example, if data has only been entered for March 2007-September 2007, this is an **incomplete** YTD file, whereas data entered for January-September 2007 would be considered a **complete** YTD file).

If you are unable to transmit a complete YTD file, transmit only routine weekly data until you have a complete YTD file available. The state STD office and state General Epi office should coordinate reporting of STD data during this transition phase.

E. GUIDELINES FOR ONGOING OPERATION:

Communication between the reporting areas and CDC is critical to the success of NETSS. **CDC maintains a basic list of contacts** for each reporting area which includes the CDC/DSTDP Project Officer, STD*MIS CDC Representative, the STD Program contact, and the NCPHI NETSS contact. **Please keep CDC (NCPHI and DSTDP) informed (via e-mail, phone, etc.) of any changes in NETSS-related staff, including changes to office addresses and phone numbers.**

A verification record should be included with EVERY transmission, whenever possible. NETSS transmissions to NCPHI from the General EPI Office should include a complete explanation of data received, i.e., if data is a re-transmission of YTD, all data files or diskettes must be labeled as such.

NCPHI is responsible for maintaining the core (60-byte) record. NCPHI will receive the data, check the core portion for errors, and notify the state NETSS reporter of the number of records received and errors to be corrected (weekly **NCPHI Transmission Summary Reports** from CDC). **STD field personnel should make sure they receive a copy of this report from the General Epi Office in order to receive notice of their errors.** Currently, the Transmission Summary Report (See Attachment 2) lists errors by year, week, site code and caseid.

DSTDP is responsible for maintaining program specific (extended record) data beyond the 60-byte core record. NCPHI will assemble both core records and extended records for STD data and make them available to DSTDP on a weekly basis. The DSTDP Data Management Unit will be responsible for checking the extended record data and communicating with the state STD office regarding corrections. DSTDP will be responsible for contacting the state.

Whenever NETSS **unique identifiers** (STATE, YEAR, SITE, and CASEID) in previously-transmitted data need to be corrected or updated, a DELETION record should be sent to remove the previously-transmitted data from the CDC database. A new record should then be sent to NCPHI to add the corrected or updated data to the CDC database.

If the data being corrected is **not a unique identifier**, then you can simply modify the record and re-transmit it, without deleting the record.

F. FOR A COPY OF THIS IMPLEMENTATION PLAN:

Contact DSTDP staff via phone (404-639-8356) or e-mail (sdmb@cdc.gov) for the most recent version of this plan either as hardcopy or as an electronic document. Your suggestions or comments for improving and clarifying this implementation plan are welcome!

ATTACHMENT A

**THE NATIONAL ELECTRONIC
TELECOMMUNICATIONS SYSTEM
FOR SURVEILLANCE (NETSS)
and
STD SURVEILLANCE DATA:
RECORD LAYOUT AND INSTRUCTIONS**

**The National Electronic Telecommunications System for Surveillance (NETSS)
And STD Surveillance Data: Record Layout and Instructions**

CDC Contacts for STD-related NETSS Questions

DSTDP staff: (404) 639-8356 (phone) or sdmb@cdc.gov (e-mail)

Types of NETSS Records:

There are three types of records that can be transmitted via NETSS: (1) CASE record; (2) DELETION record; and, (3) VERIFICATION record.

1. **CASE Record:**
A separate record is submitted for each case reported (line-listed data).
[Column 1 = M for MMWR report].
 2. **DELETION Record:**
This record is used to delete any previously-transmitted records with incorrect unique identifiers (STATE, YEAR, SITE and CASEID) or to delete records that should no longer be reported.
[Column 1 = D for Deletion].
 3. **VERIFICATION Record:**
A single record is used for each disease to report the total number of cases that have been transmitted year-to-date. This record is used to assist in reconciling any differences between the number of cases in the CDC database and the number of cases in the State database.
[Column 1 = V for Verification].
- * **NOTE:** To UPDATE a previously sent record, you must re-transmit the record and the CDC system will overwrite the old record, based on the unique identifiers. However, if the error is one of the unique identifiers, then you must first send a deletion record and then re-transmit the corrected record.

Content of NETSS Record:

CORE DATA:

The first 60 bytes of any of the 3 types of NETSS records (referred to as CORE data) are transmitted for all notifiable diseases. The accompanying NETSS record layouts indicate which data items within the CORE data are required by CDC, i.e., a NETSS record will not be accepted at CDC unless those data are on the record. Any data beyond 60 bytes (referred to as PROGRAM or EXTENDED data) are program-specific data, i.e., the data are used only by the specific programs and not by the MMWR staff for any weekly MMWR tables.

PROGRAM/EXTENDED DATA:

In the STD NETSS EXTENDED CASE record, it is important to transmit **information about where the case was identified**, i.e., the facility type (information source) on the new Interview Record currently being implemented. This information will allow DSTDP staff in Atlanta to examine the number of cases from STD clinics versus all other sources.

It is also important to transmit **information about how each case was detected**, i.e., the method of case detection from the new Interview Record currently being implemented. Not all reporting areas will have this information easily linked to their morbidity data. However, those areas that do have that information linked with their morbidity data are asked to transmit that information as part of the STD NETSS EXTENDED CASE record.

In addition to facility type and method of case detection, the STD NETSS EXTENDED CASE record can include the Zip Code of residence for the case IF that information is available and easily linked with the morbidity data.

For congenital syphilis case records, the STD NETSS EXTENDED CASE record should include data from the Congenital Syphilis (CS) Case Investigation and Report form (the 126 form) that was not included in the CORE

data. A specific format for transmission of the 126 data is provided on the accompanying STD NETSS record layouts.

Transmission of NETSS Data

STD surveillance data should be transmitted to Atlanta via NETSS **every week**. Specifically, data collected through Saturday of a given week should be transmitted to CDC by the following Tuesday, 12:00 Noon, Atlanta time. Sites are encouraged to report to their General Epi Office on the following Monday if possible. **Any data transmitted after the Tuesday Noon deadline will NOT be included in the MMWR published that week.**

Whenever previously-transmitted STD surveillance data needs to be corrected or updated, the following rules apply.

(1) **If the fields that need correcting or updating are STATE/YEAR/CASEID/SITE**, a DELETION record should be sent to remove the previously-transmitted data from the CDC database. A new record should then be sent to add the correct data to the CDC database. (2) **If the field(s) that need correcting or updating are any other than those listed above**, simply transmit the record with the updated information to CDC. The corrected/updated record should have STATE/YEAR/CASEID/SITE fields that match the previously-transmitted record. This new corrected/updated record will replace the previously-transmitted record in the CDC database.

Specific STDs Reported Via NETSS:

1. **SYPHILIS**
 - a. Submit CASE record
 - b. Disease Codes:
 - 10311 = Primary syphilis
 - 10312 = Secondary syphilis
 - 10313 = Early Latent syphilis
 - 10314 = Late Latent syphilis
 - 10315 = Syphilis, Unknown Latency
 - 10316 = Congenital syphilis
 - 10318 = Late Syphilis with clinical manifestations
2. **CHANCROID**
 - a. Submit CASE record
 - b. Disease Code: 10273
3. **CHLAMYDIA**
 - a. Submit CASE record
 - b. Disease Code: 10274
4. **GRANULOMA INGUINALE (GI)**
 - a. Submit CASE record
 - b. Disease Code: 10276
5. **GONORRHEA**
 - a. Submit CASE record
 - b. Disease Code: 10280
6. **LYMPHOGRANULOMA VENEREUM (LGV)**
 - a. Submit CASE record
 - b. Disease Code: 10306
7. **NON-GONOCOCCAL URETHRITIS (NGU)**
 - a. Submit CASE record
 - b. Disease Code: 10307
8. **MUCOPURULENT CERVICITIS (MPC)**
 - a. Submit CASE record
 - b. Disease Code: 10308
9. **PELVIC INFLAMMATORY DISEASE (PID)** [unknown etiology]

- a. Submit CASE record
- b. Disease Code:10309

COUNTY and CITY of Residence

Cases should be counted for morbidity purposes by the patient's usual place of residence (state or county) and not by place of occurrence or diagnosis. When a case is diagnosed and the patient is a resident of another state, the state in which the case is diagnosed should forward the case report to the state of usual residence for inclusion in the latter state's morbidity system. When usual place of residence is not clear or when cases are diagnosed among merchant seamen or foreign nationals, the cases should be counted in the place of diagnosis.

ATTACHMENT 1
National Electronic Telecommunications System for Surveillance (NETSS)
REVISED RECORD LAYOUT FOR TRANSMISSION OF STD MORBIDITY DATA
(Can be used for Syphilis, Chancroid, Chlamydia, Gonorrhea, GI, LGV, MPC, NGU, PID)
(Revised 12/2007)

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
1	RECORD TYPE	Record type will determine how the record is handled when it arrives at CDC.	1	M=MMWR report		Required	Required	Required	Required
2	UPDATE	Currently not implemented (pad with a 9).	2	9		Required	Required	Required	Required
3	STATE	State reporting case information & jurisdiction of case (based on patient residence).	3-4	Standard 2-digit State FIPS code.	Reporting state is defined using CSTE:CDC criteria available at: http://www.cdc.gov/epo/dphsi/phs/files/03-ID-10_residency_rules.pdf	Required	Required	Required	Required
4	YEAR	MMWR Year for which case information was reported to CDC. Derived from MMWR week.	5-6	2-digit year (##)	Based on MMWR week assignment.	Required	Required	Required	Required
5	CASE REPORT ID	Unique Case Report ID (numeric) assigned by the state.	7-12	6-digit numeric	Non-identifying ID for case report, NOT case-patient. Represents incident case report. Assigned by state, in combination with other variables (e.g. Reporting state +/- associated date) will represent a unique case in national data base.	Required	Required	Required	Required
6	SITE CODE	Location code assigned by the state to indicate where report originated and who has responsibility for maintaining the record.	13-15	S01=State epidemiologist	Project areas should NOT re-use SITE codes over time. If a new site is added, please assign a new, unique SITE ID. If a site is no longer reporting to your surveillance system, RETIRE the site ID - do not re-use. Project areas should also maintain up-to-date lists of SITE IDs with information describing the site characteristics (e.g. location, contact person and contact information), so the SITE IDs and their meaning can be shared as needed.	Required	Required	Required	Required
				S02=State STD Program					
				S03=State Chronic Disease Program					
				S04-S99=Other state offices					
				R01-R99=Regional or district offices					
				001-999=County health depts (FIPS codes)					

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				L01-L99=Laboratories within state					
				CD1=Historical records (prior to new format)					
				CD2=Entered at CDC (based on phone reports)					
				#<##>=Entered in STD*MIS application; 2-digit code represents the state-specific installation of STD*MIS					
7	WEEK	MMWR Week on Surveillance Calendar, i.e., week for which case information is reported to CDC. Assigned by reporting jurisdiction.	16-17	01 through 53, dependent upon Surveillance Calendar		Required	Required	Required	Required
8	EVENT or DIAGNOSIS	STD or associated syndrome (health event) for which the case-patient has been diagnosed (regardless of case status per CSTE/CDC surveillance case definition).	18-22	10273=Chancroid	Health event = "chancroid" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])	Required	Required	Required	Required
				10274=Chlamydia trachomatis infection	Health event = "Chlamydia trachomatis infection" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10276=Granuloma inguinale (GI)	Reporting of non-nationally notifiable STDs is optional. Currently, GI is not nationally notifiable.				
				10280=Gonorrhea	Health event = "Gonorrhea" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10306=Lymphogranuloma venereum (LGV)	Reporting of non-nationally notifiable STDs is optional. Currently, LGV is not nationally notifiable.				
				10307=Non-Gonococcal Urethritis (NGU)	Reporting of non-nationally notifiable STDs is optional. Currently, NGU is not nationally notifiable.				
				10308=Mucopurulent Cervicitis (MPC)	Reporting of non-nationally notifiable STDs is optional. Currently, MPC is not nationally notifiable.				
				10309=Pelvic Inflammatory Disease (PID) [unknown etiology]	Reporting of non-nationally notifiable STDs is optional. Currently, PID is not nationally notifiable.				

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				10311=Syphilis, primary	Health event = "Syphilis, primary" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10312=Syphilis, secondary	Health event = "Syphilis, secondary" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10313=Syphilis, early latent	Health event = "Syphilis, early latent" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10314=Syphilis, late latent	Health event = "Syphilis, late latent" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10315=Syphilis, unknown latent	Health event = "Syphilis, unknown latent" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10318=Late Syphilis with clinical manifestations	Health event = "Late Syphilis with clinical manifestations" per CSTE/CDC surveillance case definition (regardless of case classification status [confirmed, probable, or suspect])				
				10317=RETIRED	NOTE: Neurosyphilis code "10317" is retired (no longer used for case reporting). Neurosyphilis can occur at almost any stage of syphilis; therefore it is not considered a distinct stage. Neurosyphilis without any other symptoms or of unknown stage of syphilis should be reported as event code 10318. However, you should also code the neurologic involvement variable as "Yes, confirmed" or "Yes, probable".				
9	COUNT	Represents # of cases reported in this 'record'; supports aggregate- (when > 1) or case-specific (when =1) reporting.	23-27	#####	Number of case reports represented in this record. Default = 00001 for case-specific records where a single case is represented by data record.	Required	Required	Required	Required
10	COUNTY	Standard FIPS code for county of case-patient's residence in reporting state.	28-30	3-digit county FIPS	In combination with State FIPS, represents a unique US county ID.	Required	Required	Required	Required

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
11	DATE OF BIRTH	Date of birth of case-patient in YYYYMMDD format.	31-38	YYYYMMDD (Unknown=99999999)	NOTE: DOB is preferred. If DOB available, Age (years) should be calculated based on hierarchy of case-event associated dates (see MMWR week NOTE). If DOB is NOT available, Age (years) should be collected and reported (and DOB = 99999999).	Required	Required	Required	Required
12	AGE	Age of case-patient at time of initial exam or specimen collection for case report "condition".	39-41	###; Unknown=999.	Note: Must report "AGETYPE" value to determine time units associated with "AGE".	Required, if DOB not reported.	Required, if DOB not reported.	Required, if DOB not reported.	Required, if DOB not reported.
13	AGETYPE	Indicates the units (years,months,etc.) for the AGE field.	42	0=0-120 years		Required	Required	Required	Required
				1=0-11 Months					
				2=0-52 Weeks					
				3=0-28 Days					
				9=Age Unknown (AGE field should be 999)					
14	SEX	Current sex of patient	43	1=Male		Required	Required	Required	Required
				2=Female					
				9=Unknown					
15	RACE	Race	44	9=(Default)	This variable should default to 9. It has been superseded by the individual RACE variables located in columns 98-105.	Required	Required	Required	Required
16	HISPANIC	Indicator for Hispanic ethnicity.	45	9=(Default)	This variable should default to 9. It has been superseded by the HISPANIC/LATINO variable located in column 106.	Required	Required	Required	Required
17	EVENT DATE	Date of disease in YYMMDD format. This date depends upon how case dates are assigned in the STD program, i.e., date could be the onset of symptoms date, diagnosis date, laboratory result date, date case first recognized and/or reported to STD program, or date case reported to CDC.	46-51	YYMMDD (Unknown=99999999)		Required	Required	Required	Required
18	DATETYPE	Describes the type of date provided in EVENT DATE.	52	1=Onset Date		Required	Required	Required	Required
				2=Date of diagnosis					
				3=Date of laboratory result					

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				4=Date of first report to community health system					
				5=State/MMWR report date					
				9=Unknown					
19	CASE STATUS	Status of the case/event as suspect, probable, or confirmed.	53	1=Confirmed case	Note: Please review CSTE/CDC case definitions for information on case classification status. (http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm)	Required	Required	Required	Required
				2=Probable case					
				3=Suspect case					
				9=Unknown case status					
20	IMPORTED	Indicates if the case was imported into the state or the U.S.	54	9=(Default)	This variable should default to 9. It has been superseded by the STD IMPORT variable located in column 113.	Required	Required	Required	Required
21	OUTBREAK	Indicates whether the case was associated with an outbreak.	55	1=Yes		Required	Required	Required	Required
				2=No					
				9=Unknown					
22	FUTURE	Reserved for future use	56-60	99999		Required	Required	Required	Required
*** EXTENDED STD program data ***									
23	INFOSRCE - Facility Type (STD dx, rx)	Setting or health care facility where a person first received diagnosis, treatment or testing for STD or associated syndrome reported in this case report (i.e., facility type of STD diagnosis, facility type where person was tested for STD).	61-62	01=HIV Counseling and Testing Site	A public clinic whose primary mission is to provide counseling and HIV testing services.	Required	Required	Required	Required
				02=STD clinic (Represents PUBLIC to match old reporting forms.)	A clinic whose primary mission is to provide diagnosis, treatment, counseling, and sex partner notification for sexually transmitted diseases.				
				03=Drug Treatment	A residential or outpatient clinic whose primary mission is to provide treatment for an individual's drug, alcohol, and other substance addiction.				

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				04=Family Planning	A clinic whose primary mission is to provide contraceptive and reproductive health care for the prevention and achievement of pregnancy. Such sites receive federal and/or state family planning funds and are situated in state or county health departments or are community-based organizations (may include Title X and non-Title X funded facilities, including Planned Parenthood clinics).				
				05=(RETIRED CODE ID)	Former "Prenatal/Obstetrics". Use either "Labor and Delivery/Obstetrics" (14) or "Prenatal" (15).				
				06=Tuberculosis clinic	A clinic for the screening, diagnosis, treatment, and follow-up of individuals with tuberculosis and contacts of individuals positive for TB.				
				07=Other Health Department Clinic	A public clinic administered by a local or state health department that can not be classified in one of the other defined disease- or medical service-specific facility types.				
				08=Private Physician/HMO	A non-publicly-funded group of health care providers or an individual health care provider who provides medical care (e.g., general/family/internal medicine practitioners, pediatricians).				
				09=(RETIRED CODE ID)	Formerly "Hospital - Inpatient" - now included in "Hospital - Other (29)"				
				10= Hospital - Emergency Room; Urgent Care facility	A department in a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment. (includes Urgent Care).				
				11=Correctional facility	A prison, jail, detention center, or other correctional facility where persons are incarcerated or supervised by the criminal justice system.				
				12=Laboratory	Facility providing the clinical diagnostic testing of biological or environmental specimens using a variety of test methods and reporting of results.				
				13=Blood Bank	Facility where blood donations are taken, blood is screened and processed to ensure viability, and stored until needed.				
				14=Labor and delivery	A facility providing health care services to women during labor and delivery through birth of the infant.				

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				15=Prenatal	A clinic whose primary mission is to provide health care and education to pregnant women (from time of diagnosis of pregnancy to the time of labor and delivery).				
				16=National Job Training Program	A residential, educational, and job training program for at-risk youth aged 16 to 24 years. National Job Training Program is a public-private partnership administered by the U.S. Department of Labor and the Employment and Training Administration.				
				17=School-based Clinic	A clinic located in or affiliated with a middle school, junior high school, senior high school, or other type of school providing education at or below 12th grade that provides medical care and health education to students.				
				18=Mental Health Provider	Facility or provider providing inpatient or outpatient mental health services.				
				29=Hospital - Other	A multidisciplinary public or private facility that provides non-emergency inpatient or outpatient medical services. Includes specialty clinics within a hospital (Excludes care sites that provide emergency or urgent care and obstetric or labor and delivery services.)				
				66=Indian Health Service	A medical care facility funded by the Indian Health Service.				
				77=Military	A facility operated by the U.S. military whose primary mission is to provide health care.				
				88=Other	A clinic that can not be categorized in any of the other defined facility types.				
				99=Unknown (if data not available)	Facility type not available.				
24	Method of Case Detection	How did the case patient first come to the attention of the health department for this condition?	63-64	01=(RETIRED CODE ID) 02=(RETIRED CODE ID) 03=(RETIRED CODE ID) 04=(RETIRED CODE ID) 05=(RETIRED CODE ID) 06=(RETIRED CODE ID) 07=(RETIRED CODE ID) 08=(RETIRED CODE ID) 09=(RETIRED CODE ID) 10=(RETIRED CODE ID) 99=(RETIRED CODE ID)	These codes have been RETIRED and are superseded by the legal values (20-24) below.	Optional	Optional	Required	Optional

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				20=Screening	An asymptomatic patient was identified through screening (routine testing of populations who are asymptomatic in order to identify those with disease). Examples of screening programs include health department outreach to high-risk populations (e.g., commercial sex-workers), HIV care clinics, family planning, blood donation, corrections-based, and prenatal. This includes STD and other health department clinic visits by a client who tests positive for a condition with which they were unaware (e.g., asymptomatic walk-ins) of before being seen at the clinic.				
				21=Self-referred	Refers to patient who sought health services because of signs of an STD and was subsequently tested for the disease being reported. This includes symptomatic STD clinic testing.				
				22=Patient Referred Partner	Patient referred by another infected person. This may be a named or unnamed partner. No health department involvement was necessary for this referral.				
				23=Health Department referred partner	This patient is a named partner of a known case. Patient identified through DIS, or other health department personnel, activity following an interview of another known case. The health department was involved in the referral of this individual (e.g., the DIS contacted, called, visited, sent letter, etc., the patient to inform them of their need to be tested).				
				24=Cluster related	Patient was originally identified as a Social Contact (Suspect) or Associate. Cluster brought to the attention of the program as a result of a DIS interview.				
				88=Other	In the event that values 20-24 do not apply, please select this value.				
25	ZIP	5-digit Zip code of residence of the case patient.	65-69	#####; (Unknown=99999, if data not available)		Required	Required	Required	Required
26	CITY (DISCONTINUED)	Previously collected CITY data.	70-73	9999=(Default)	This variable should default to 9999. It is no longer being collected by DSTDP.	Required	Required	Required	Required
27	PID (DISCONTINUED)	Previously collected PID data.	74	9=(Default)	This variable should default to 9. It is no longer being collected by DSTDP.	Required	Required	Required	Required
28	Pregnant - initial exam	Was the case patient pregnant at time of initial exam for the condition reported in this case report?	75	1=Yes		Optional	Optional	Required	Optional

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				2=No					
				9=Unknown					
29	ORIGIN (DISCONTINUED)	Previously collected ORIGIN-Source of morbidity report.	76	9=(Default)	This variable should default to 9. It is no longer being collected by DSTDP.	Required	Required	Required	Required
30	DX_DATE (DISCONTINUED)	Previously collected date of diagnosis.	77-84	99999999=(Default)	This variable should default to 99999999. It is no longer being collected by DSTDP.	Required	Required	Required	Required
31	Specimen source	Anatomic site or specimen type from which positive lab specimen was collected.	85-86	01=Cervix/Endocervix		Required	Required	Optional	Optional
				02=Lesion-Genital					
				03=Lesion-Extra Genital					
				04=Lymph Node Aspirate					
				05=Oropharynx					
				06=Ophthalmia/Conjunctiva					
				07=Other					
				08=Other Aspirate					
				09=Rectum					
				10=Urethra					
				11=Urine					
				12=Vagina					
				13=Blood/Serum					
				14 - Cerebrospinal fluid (CSF)					
				88=Not Applicable					
				99=Unknown					
32	Date of laboratory specimen collection	Date of collection of initial laboratory specimen used for diagnosis of health event reported in this case report.	87-94	YYYYMMDD format (Unknown=99999999)	PREFERRED date for assignment of MMWR week. First date in hierarchy of date types associated with case report/event.	Required	Required	Required	Required
33	Neurological involvement?	If event = some stage of syphilis, does the patient have neurologic involvement based on current case definition?	95	1=Yes, Confirmed		NA	NA	Required	NA
				2=Yes, Probable					
				3=No					

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				9=Unknown					
34	INTERVIEW (DISCONTINUED)	Previously collected interview case status.	96	9=(Default)	This variable should default to 9. It is no longer being collected by DSTDP.	Required	Required	Required	Required
35	PARTNER (DISCONTINUED)	Previously collected sex of sex partners.	97	9=(Default)	This variable should default to 9. It has been superseded by the sex partner data located in columns 147-148.	Required	Required	Required	Required
36	American Indian/ Alaska native?	Case patient reported Am Indian/Alaska Native (AI/AN) race	98	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports AI/AN race.	Required	Required	Required	Required
37	Asian?	Case patient reported Asian race	99	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports Asian race.	"	"	"	"
38	Black/African American?	Case patient reported Black/African American (B) race	100	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports Black race.	"	"	"	"
39	Native Hawaiian/ Pacific Islander?	Case patient reported Native Hawaiian/Pacific Island (NH/PI) race	101	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports NH/PI race.	"	"	"	"
40	White?	Case patient reported White (W) race	102	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports White race.	"	"	"	"
41	Other race?	Case patient reported some other race (not AI/NA, Asian, Black, NH/PI, White)	103	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient reports some other race (not AI/AN, Asian, Black, NH/PI, or White).	"	"	"	"
42	Refused to report race	Case patient refused to report race	104	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient refused to report race.	"	"	"	"
43	Unknown race	Case patient could not answer this question for any reason	105	Y = Yes; Variable value is Y or Blank, dependent upon case-patient's reported race.	Y = Yes, case-patient could not provide information regarding their race.	"	"	"	"
44	Hispanic/Latino?	Indicator for case-patient's Hispanic/Latino ethnicity.	106	Y=Yes	Case-patient reports Hispanic or Latino ethnicity.	Required	Required	Required	Required
				N=No	Case-patient does NOT report Hispanic or Latino ethnicity.				
				U=Unknown	Case-patient's ethnicity information is not known.				
				R = Refused to answer	Case-patient refused to respond to questions regarding ethnicity.				

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
45	Census tract of case-patient residence	Census tract where the address is located is a unique identifier associated with a small statistical subdivision of a county. Census tract data allows a user to find population and housing statistics about a specific part of an urban area. A single community may be composed of several census tracts.	107-112	6-character length alphanumeric		Optional	Optional	Optional	Optional
46	STD IMPORT	Was case imported? Was disease acquired elsewhere? Indicates probable location of disease acquisition relative to reporting state.	113	N - Not an imported case	Health event for this case report was acquired in the reporting state or intrastate jurisdiction that was responsible for case management.	Optional	Optional	Optional	Optional
				C - Yes imported from another country	Health event for this case report was acquired outside the US				
				S - Yes, imported from another state	Health event for this case report was acquired in the US, but not in the reporting state				
				J - Yes, imported from another county/jurisdiction in the state	Health event for this case report was acquired in another county/jurisdiction in the state. Implies intrastate cross-jurisdictional activity may have been initiated for STD control.				
				D - Yes, imported but not able to determine source state and/or country	Health event for this case report was imported from outside the reporting state, but there is insufficient information to determine if the disease was acquired within or outside the US				
				U - Unknown	Insufficient information is available to determine where disease acquisition occurred.				
47	Date of initial health exam associated with case report "health event"	Date of earliest healthcare encounter/visit /exam associated with this event/case report. May equate with date of exam or date of diagnosis.	114-121	YYYYMMDD format (Unknown=99999999)		Required IF date of laboratory specimen collection is not reported.	Required IF date of laboratory specimen collection is not reported.	Required IF date of laboratory specimen collection is not reported.	Required IF date of laboratory specimen collection is not reported.

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
48	Date of first report of case/event to public health system	Date of first report of case to local or state health department (first tier of public health system in reporting jurisdiction; may equate to city, county, region, or state public health system level).	122-129	YYYYMMDD format (Unknown=99999999)		Required IF date of laboratory specimen collection AND date of initial health exam associated with the case report "health event" are not reported.	Required IF date of laboratory specimen collection AND date of initial health exam associated with the case report "health event" are not reported.	Required IF date of laboratory specimen collection AND date of initial health exam associated with the case report "health event" are not reported.	Required IF date of laboratory specimen collection AND date of initial health exam associated with the case report "health event" are not reported.
49	Treatment date	Date treatment initiated for the condition that is the subject of this case report.	130-137	YYYYMMDD format (Unknown=99999999)		Optional	Optional	Required	Optional
50	Date case report <u>initially</u> sent from reporting jurisdiction to CDC	INITIAL date case report was sent from reporting jurisdiction to CDC. <u>Generated by the reporting jurisdiction</u> at the time of report to CDC. Can be generated by the information system.	138-145	YYYYMMDD format (Unknown=99999999)		Optional	Optional	Optional	Optional
51	HIV status?	Documented or self-reported HIV status at the time of event.	146	P = HIV positive		Optional	Optional	Required	Optional
				N = HIV negative					
				E = Equivocal HIV test result					
				U = Unknown					
				R = Refused to answer					
				D = Did not ask					
52	Had sex with a male within past 12 months?		147	Y = Yes		Optional	Optional	Required	Optional
				N = No					
				R = Refused to answer					
				D = Did not ask					
53	Had sex with a female within past 12 months?		148	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				D = Did not ask					
54	Had sex with an anonymous partner within past 12 months?		149	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					
				D = Did not ask					
55	Had sex with a person known to him/her to be an IDU within past 12 months?		150	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					
				D = Did not ask					
56	Had sex while intoxicated and/or high on drugs within past 12 months?		151	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					
				D = Did not ask					
57	Exchanged drugs/money for sex within past 12 months?		152	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					
				D = Did not ask					
58	Had sex with a person who is known to her to be an MSM within past 12 months?	NOTE: For women only.	153	Y = Yes		"	"	"	"
				N = No					
				R = Refused to answer					
				D = Did not ask					
59	Engaged in injection drug use within past 12 months?		154	Y = Yes		"	"	"	"

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				N = No					
				R = Refused to answer					
				D = Did not ask					
	During the past 12 months, which of the following injection or non-injection drugs have been used?								
60	Crack	A potent, relatively cheap, addictive variety of cocaine; often a rock, usually smoked through a crack-pipe (synonyms: rock, rock cocaine).	155	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		Optional	Optional	Required	Optional
61	Cocaine	A stimulant narcotic in the form of a white powder that users generally self-administer by insufflation through the nose (synonyms: coke, snow, blow).	156	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		"	"	"	"
62	Heroin	An addictive, narcotic drug derived from opium (synonyms: horse, junk, smack).	157	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		"	"	"	"
63	Methamphetamines	A highly addictive phenethylamine stimulant drug (synonyms: ice, crystal, meth).	158	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		"	"	"	"
64	Nitrates/Poppers	Any one of various alkyl nitrites (particularly amyl nitrite, butyl nitrite and isobutyl nitrite) taken for recreational purposes through direct inhalation	159	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		"	"	"	"
65	Erectile dysfunction (ED) medications	Any one of several drugs available by prescription (e.g. Viagra) used to treat erectile dysfunction.	160	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug	Note: Over-the-Counter (OTC) herbal medicines or remedies to treat ED should NOT be considered 'eligible' ED drugs for the purposes of this question.	"	"	"	"
66	Other drug(s) used?	Other drug = type of injection or non-injection drug used for recreational purposes that is not listed above.	161	Y = Yes; Variable value is Y or Blank, dependent upon whether they used the drug		"	"	"	"
67	No drug use reported		162	Y = Yes		"	"	"	"
68	Been incarcerated within past 12 months?		163	Y = Yes		Optional	Optional	Required	Optional

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
				N = No					
				R = Refused to answer					
				D = Did not ask					
69	History of ever having an STD prior to this STD diagnosis?	Does the patient have a history of ever having had an STD prior to the condition reported in this case report?	164	Y=Yes, patient has a history of STD		Optional	Optional	Required	Optional
				N=No, patient has never had a prior STD					
				U=Unknown if patient has had a prior STD					
				R = Patient refused to answer any questions regarding prior STD history					
70	Have you met sex partners through the Internet in the last 12 months?	Did the patient use an online computer site to exchange messages by typing them onscreen to engage in conversation with other visitors to the site for the purpose of having sex?	165	Y = Yes		Optional	Optional	Required	Optional
				N = No					
				R = Refused to answer					
				D = Did not ask					
71	Total number of sex partners last 12 months?	Total number of sex partners that the case patient has had in the last 12 months. Total partners equal the sum of all male, female, and transgender partners during the period.	166-168	###		Optional	Optional	Required	Optional
				888=Patient refused to answer questions regarding number of sex partners					
				999=Unknown number of sex partners in last 12 months					
	Clinician-observed lesion(s) indicative of syphilis were identified at which of the following anatomic site(s)? (Mark all that apply.)	If condition = any stage of syphilis, report anatomic site(s) of clinician-observed lesion(s) (e.g., chancre, rash, condyloma lata) at time of initial exam or specimen collection. Mark all that apply.							

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
72	A=Anus/Rectum	One or more lesion(s) indicative of syphilis were present in the anus or rectum.	169	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		NA	NA	Required	Optional
73	B=Penis	One or more lesion(s) indicative of syphilis were present on the penis.	170	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
74	C=Scrotum	One or more lesion(s) indicative of syphilis were present on the scrotum.	171	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
75	D=Vagina	One or more lesion(s) indicative of syphilis were present in the vagina.	172	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
76	E=Cervix	One or more lesion(s) indicative of syphilis were present on the cervix.	173	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
77	F=Nasopharynx	One or more lesion(s) indicative of syphilis were present in the nasopharynx.	174	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
78	G=Mouth/Oral cavity	One or more lesion(s) indicative of syphilis were present in the mouth or oral cavity.	175	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
79	H=Eye/conjunctiva	One or more lesion(s) indicative of syphilis were present on the eye or conjunctiva.	176	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
80	I=Head	One or more lesion(s) indicative of syphilis were present on the head.	177	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"

Data Element #	Data Element Name	Data Element Definition	Columns	Data Element "legal" Values	Data Element "legal" value definition	Chlamydia	Gonorrhea	Syphilis	Chancroid
						Required, Optional, Not Applicable (NA)			
81	J=Torso	One or more lesion(s) indicative of syphilis were present on the torso.	178	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
82	K=Extremities (Arms, legs, feet, hands)	One or more lesion(s) indicative of syphilis were present on the extremities (arms, legs, feet, hands).	179	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at this anatomic site.		"	"	"	"
83	N= No lesion noted	Patient was evaluated but no lesion(s) indicative of syphilis were observed.	180	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed.		"	"	"	"
84	O=Other anatomic site not represented in other defined anatomic sites	One or more lesion(s) indicative of syphilis were present in some other anatomic site not represented in the defined anatomic sites.	181	Y= Yes; Variable value is Y or Blank, dependent upon whether a lesion compatible with syphilis was observed at some other anatomic site not represented in other defined anatomic sites.		"	"	"	"
85	U=Unknown	Anatomic site of lesion information is not available for whatever reason, e.g. patient not evaluated or information is not available for data entry.	182	Y= Yes; Variable value is Y or Blank, dependent upon whether information on the anatomic site of lesion compatible with syphilis was available.		"	"	"	"
86	Type of nontreponemal serologic test for syphilis	What type of non-treponemal serologic test for syphilis was performed on specimen collected to support case patient's diagnosis of syphilis?	183	1= Rapid Plasma Reagin (RPR)		NA	NA	Required	NA
				2= Venereal Disease Research Laboratory test (VDRL) (serology)					
				3=VDRL test of cerebrospinal fluid (CSF)					
				9 = Unknown test type					
87	Quantitative syphilis test result	If the test performed provides a quantifiable result, provide quantitative result (e.g. if RPR is positive, provide titer, e.g. 1:64)	184-187	####	Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024.	NA	NA	Required	NA

**National Electronic Telecommunications System for Surveillance (NETSS)
RECORD LAYOUT FOR TRANSMISSION OF STD MORBIDITY DATA
CONGENITAL SYPHILIS CASE RECORD (LINE-LISTED DATA)
(Revised 04/2005)**

The CDC 73.126 form was revised (10/2003) to add country of residence, to allow multiple race selections, and to clarify questions 22, 23, 33, and 34.

<u>Field Name</u>	<u>Columns</u>	<u>Notes</u>
RECTYPE	1	Record type will determine how the record is handled when it arrives at CDC. Value for case data: <i>M=MMWR report</i>
UPDATE	2	Currently not implemented. (Pad with a 9)
STATE	3-4	Reporting State FIPS code - Q2 on 126 form.(e.g., "06", "13").
YEAR	5-6	MMWR Year (2-digits) for which case information reported to CDC.
CASEID	7-12	Unique Case ID (numeric only) assigned by the state.
SITE	13-15	Location code used by the state to indicate where report originated and who has responsibility for maintaining the record. (NOTE: STD*MIS software substitutes a '#' for the leading 'S' in codes listed below). Values include: <i>S01=State epidemiologist</i> <i>S02=State STD Program</i> <i>S03=State Chronic Disease Program</i> <i>S04-S99=Other state offices</i> <i>R01-R99=Regional or district offices</i> <i>001-999=County health depts (FIPS codes)</i> <i>L01-L99=Laboratories within state</i> <i>CD1=Historical records (prior to new format)</i> <i>CD2=Entered at CDC (based on phone reports)</i>
WEEK	16-17	MMWR Week on Surveillance Calendar, i.e., week for which case information reported to CDC.
EVENT	18-22	Event (disease) code for the disease being reported: <i>10316=Syphilis (congenital)</i>
COUNT	23-27	<i>For case records this field will always contain "00001".</i>
COUNTY	28-30	FIPS code for reporting county (Unknown=999) - Q3 on 126 form.
BIRTHDATE	31-38	Date of birth of infant in YYYYMMDD format (Unknown=99999999) - Q27 on 126 form.

AGE	39-41	Estimated Gestational Age in weeks - Q32 on 126 form(e.g., "038", "042") (Unknown=999)
AGETYPE	42	Indicates the units (weeks) for the AGE field. Values: <i>2=0-52 Weeks</i> <i>9=Gestational Age Unknown (AGE field should be 999)</i>
SEX	43	Gender - Q30 on 126 form. Values: <i>1=Male, 2=Female, 9=Unknown</i>
RACE	44	Race of Mother - Recoded Q13 on 126 form. Values: <i>1=American Indian/Alaskan Native</i> <i>2=Asian or Pacific Islander</i> <i>3=Black</i> <i>5=White</i> <i>8=Other</i> <i>9=Unknown</i> NOTE: Please use only one of the codes above if a single race was selected. If multiple races were selected, enter code 8=Other for Race and also select the appropriate race categories that apply in columns 238-244.
HISPANIC	45	Indicator for Mother's Hispanic ethnicity - Q12 on 126 form. Values: <i>1=Hispanic/Latino, 2=Non-Hispanic/Latino, 9=Unknown</i>
EVENTDATE	46-51	Date of Report to Health Department in YYMMDD format - Q1 on 126 form.
DATETYPE	52	A code describing the type of date provided in EVENTDATE. Value: <i>4=Date of first report to community health system</i>
CASE STATUS	53	Recode of Case Classification <i>1=Confirmed, Presumptive, or Syphilitic stillbirth (Default for STD*MIS)</i> <i>2=Not a case</i> <i>9=Unknown</i>
IMPORTED	54	Indicates if the case was imported into the state or the U.S. Values: <i>1=Acquired in USA in reporting state</i> <i>2=Acquired outside USA</i> <i>3=Acquired in USA, but outside the reporting State</i> <i>9=Unknown</i>
OUTBREAK	55	Indicates whether the case was associated with an outbreak. Values: <i>1=Yes, 2=No, 9=Unknown</i>
FUTURE	56-60	Reserved for future use (Pad with 99999).

The following data (columns 61-255) is EXTENDED or STD-Program data.

INFOSRCE	61-62	<p>Information Source/Provider Codes (from Interview Record if available). Values:</p> <p><i>01=HIV Counseling and Testing Site</i></p> <p><i>02=STD</i></p> <p><i>03=Drug Treatment</i></p> <p><i>04=Family Planning</i></p> <p><i>05=Prenatal/Obstetrics</i></p> <p><i>06=Tuberculosis</i></p> <p><i>07=Other Clinic</i></p> <p><i>08=Private Physician/HMO</i></p> <p><i>09=Hospital (Inpatient)</i></p> <p><i>10=Emergency Room</i></p> <p><i>11=Correctional Facility</i></p> <p><i>12=Laboratory</i></p> <p><i>13=Blood Bank</i></p> <p><i>14=Delivery</i></p> <p><i>15=Prenatal</i></p> <p><i>16=Job Corps</i></p> <p><i>17=School-based Clinic</i></p> <p><i>18=Mental Health Provider</i></p> <p><i>66=Indian Health Service</i></p> <p><i>77=Military</i></p> <p><i>88=Other</i></p> <p><i>99=Unknown (if data not available)</i></p>
DETECTED	63-64	<p>Method of Case Detection (from Interview Record if available). Values:</p> <p><i>01=Provider Referral</i></p> <p><i>02=Cluster</i></p> <p><i>03=Patient Referral</i></p> <p><i>04=Prenatal</i></p> <p><i>05=Delivery</i></p> <p><i>06=Institutional Screening</i></p> <p><i>07=Community Screening</i></p> <p><i>08=Reactor</i></p> <p><i>09=Provider Report</i></p> <p><i>10=Volunteer</i></p> <p><i>88=Other</i></p> <p><i>99=Unknown (if data not available)</i></p>
MZIP	65-69	<p>Zip Code for Mother's Residence - Q10 on 126 form.</p> <p><i>99999=Unknown (if data not available)</i></p>
FUTURE	70-79	Blank
CITY	80-83	Reporting City FIPS Code - Q4 on 126 form.

SENTINEL	84	Sentinel Reporting Site - This question is not on the version 10-2003 126 form and will be left blank. It was Q6 prior to this revised 126 form. Values: <i>1=Yes, 2=No</i>
MSTATE	85-86	FIPS Code for Mother's State of Residence - Q7 on 126. Code 98 for Mexico and 97 for any other non-USA residence.
MCOUNTY	87-89	FIPS Code for Mother's County of Residence - Q8 on 126. Code 998 for Mexico and 997 for any other non-USA residence.
MCITY	90-93	FIPS Code for Mother's City of Residence - Q9 on 126. Code 9998 for Mexico and 9997 for any other non-USA residence.
MBIRTH	94-101	Mother's Date of Birth in YYYYMMDD format - Q11 on 126.
MARITAL	102	Mother's Marital Status - Q14 on 126. Values: <i>1=Single, never married</i> <i>2=Married</i> <i>3=Separated/Divorced</i> <i>4=Widow</i> <i>8=Other</i> <i>9=Unknown</i>
LMP	103-110	Date of Mother's Last Menstrual Period before delivery in YYYYMMDD format - Q15 on 126 form.
PRENATAL	111	Did mother have prenatal care? - Q16 on 126 form. Values: <i>1=Yes, 2=No, 9=Unknown</i>
PNCDATE1	112-119	Date of mother's first prenatal visit in YYYYMMDD format - Q17 on 126 form.
PNCNUM	120-121	Number of prenatal visits - Q18 on 126 form.
NONTREP	122	Did mother have nontreponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or soon after delivery? - Q19 on 126 form. Values: <i>1=Yes, 2=No, 9=Unknown</i>
DATEA	123-130	Date of nontreponemal test in YYYYMMDD format - Q20.a. on 126 form.
RESULTA	131	Result of nontreponemal test - Q20.a. on 126 form. Values: <i>1=Reactive, 2=Nonreactive, 9=Unknown</i>
DATEB	132-139	Date of nontreponemal test in YYYYMMDD format - Q20.b. on 126 form.

RESULTB	140	Result of nontreponemal test - Q20.b. on 126 form. Values: <i>1=Reactive, 2=Nonreactive, 9=Unknown</i>
DATEC	141-148	Date of nontreponemal test in YYYYMMDD format - Q20.c. on 126 form.
RESULTC	149	Result of nontreponemal test - Q20.c. on 126 form. Values: <i>1=Reactive, 2=Nonreactive, 9=Unknown</i>
DATED	150-157	Date of nontreponemal test in YYYYMMDD format - Q20.d. on 126 form.
RESULTD	158	Result of nontreponemal test - Q20.d. on 126 form. Values: <i>1=Reactive, 2=Nonreactive, 9=Unknown</i>
TITER	159-162	Titer of nontreponemal test a. – Q20.a. on 126 form. It was Q21 on version 09-1991 126 form. The titers for dates b, c and d are in columns 214-225. <i>0=weakly reactive</i>
TREPONEM	163	Did mother have confirmatory treponemal test result (e.g., FTA-ABS or MHATP)? - Q21 on 126 form. Values: <i>1=Yes, reactive</i> <i>2=Yes, nonreactive</i> <i>3=No test</i> <i>9=Unknown</i>
LESIONS	164	Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? - Q22 on 126 form. Values: <i>1=Yes, positive</i> <i>2=Yes, negative</i> <i>3=No test of lesions</i> <i>4=No lesions present</i> <i>9=Unknown</i>
LASTREAT	165	When was mother last treated for syphilis? - Q23 on 126 form. The treatment date is located in columns 226-233. Values: <i>1=Before pregnancy</i> <i>2=During pregnancy</i> <i>3=No Treatment</i> <i>9=Unknown</i>
TXADQBEF	166	Before pregnancy, was mother's treatment adequate? - Q24 on 126 form. Values: <i>1=Yes, adequate</i> <i>2=No, inadequate</i> <i>9=Unknown</i>
TXADQDUR	167	During pregnancy, was mother's treatment adequate? - Q25 on 126 form. Values: <i>1=Yes, adequate</i>

2=*No, inadequate; non-penicillin therapy*
 3=*No, inadequate; penicillin therapy begun*
 < 30 days before delivery
 4=*Unknown*

RESPAPPR	168	Appropriate serologic response? - Q26 on 126 form. Values: 1= <i>Yes, appropriate response with adequate</i> <i>serologic follow-up during pregnancy</i> 2= <i>Yes, appropriate response but no follow-</i> <i>up serologic titers during pregnancy</i> 3= <i>No, inappropriate response: evidence of</i> <i>treatment failure or reinfection</i> 4= <i>No, response was equivocal or could not</i> <i>be determined from available</i> <i>nontreponemal titer information</i>
VITAL	169	Vital status of child - Q28 on 126 form. Values: 1= <i>Alive</i> 2= <i>Born alive, then died</i> 3= <i>Stillborn</i> 9= <i>Unknown</i>
DEATHDAT	170-177	Date of death of child in YYYYMMDD format - Q29 on 126 form (Leave blank, if alive).
BIRTHWT	178-181	Birthweight in grams - Q31 on 126 form.
REACSTS	182	Did infant have reactive non-treponemal test for syphilis? - Q33.a. on 126 form. Values: 1= <i>Yes</i> , 2= <i>No</i> , 9= <i>Unknown</i>
REACDATE	183-190	Date of child's first reactive non-treponemal test for syphilis in YYYYMMDD format – Q33.b. on 126 form.
SIGNSCS	191	Did child have any classic signs of CS? - Q35 on 126 form. Values: 1= <i>Yes</i> , 2= <i>No</i> , <i>asymptomatic child</i> , 9= <i>Unknown</i>
DARKFLD	192	Did child have a darkfield exam? - Q36 on 126 form. Values: 1= <i>Yes, positive</i> 2= <i>Yes, negative</i> 3= <i>No test</i> 9= <i>Unknown</i>
DFA	193	Did child have a direct fluorescent antibody test? - This question is no longer on the 126 form and should be left blank. It was Q38 prior to the 06-2000 126 form. Values: 1= <i>Yes, positive</i> 2= <i>Yes, negative</i> 3= <i>No test</i> 9= <i>Unknown</i>
IGM	194	Did child have an IgM-specific treponemal test? - Q37 on 126

		form. Values: <i>1=Yes, reactive</i> <i>2=Yes, nonreactive</i> <i>3=No test</i> <i>9=Unknown</i>
XRAYS	195	Did child have long bone x-rays? - Q38 on 126 form. Values: <i>1=Yes, changes consistent with CS</i> <i>2=Yes, no signs of CS</i> <i>3=No xrays</i> <i>9=Unknown</i>
CSFVDRL	196	Did child have a CSF-VDRL? – Q39 on 126 form. Values: <i>1=Yes, reactive</i> <i>2=Yes, nonreactive</i> <i>3=No test</i> <i>9=Unknown</i>
CSFCOUNT	197	Did child have a CSF cell count or CSF protein test? - Q40 on 126 form. Values: <i>1=Yes, one or both elevated</i> <i>2=Yes, both not elevated</i> <i>3=No test</i> <i>9=Unknown</i>
TREATED	198	Was child treated? - Q41 on 126 form. Values: <i>1=Yes, with Aqueous or Procaine Penicillin for >=10 days</i> <i>2=Yes, with Ampicillin followed by Aqueous or Procaine Penicillin for a total of >=10 days</i> <i>3=Yes, with Benzathine penicillin x 1</i> <i>4=Yes, with other treatment</i> <i>5=No treatment</i> <i>9=Unknown</i>
CLASS	199	Case Classification - Q42 on 126 form. Values: <i>1=Not a case</i> <i>2=Confirmed Case (laboratory confirmed identification of T.pallidum, e.g., darkfield or direct fluorescent antibody positive lesions)</i> <i>3=Syphilitic stillbirth</i> <i>4=Presumptive case (a case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)</i>
ID126	200-206	CDC 73.126 form Case ID number
VERSION	207-213	This information is automatically entered for areas using STD*MIS. Values: <i>09-1991</i> <i>06-2000</i>

10-2003

TITERB	214-217	Titer of nontreponemal test b. - Q20.b. <i>0=weakly reactive</i>
TITERC	218-221	Titer of nontreponemal test c. - Q20.c. <i>0=weakly reactive</i>
TITERD	222-225	Titer of nontreponemal test d. - Q20.d. <i>0=weakly reactive</i>
TREATDAT	226-233	Date mother was treated in YYYYMMDD format - Q23 on 126 form.
INF TITER	234-237	Titer of infant's first reactive non-treponemal test for syphilis - Q33c on 126 form.
<i>NOTE: If multiple races were selected and you entered code 8=Other for Race (column 44), please also select the appropriate race categories that apply in columns 238-244.</i>		
AMIND	238	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
ASIAN	239	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
BLACK	240	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
WHITE	241	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
NAHAW	242	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
RACEOTH	243	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
RACEUNK	244	If mother multi-racial, 1 = Yes, 2 = No, otherwise blank.
MCOUNTRY	245-246	Mother's country of residence. Q.6 on 126 form.
REACTREP	247	Did infant have reactive treponemal test? Q.34.a. on 126 form. Values: <i>1 = Yes</i> <i>2 = No</i> <i>9 = Unknown</i>
RTDATE	248-255	Date of infant reactive treponemal test in YYYYMMDD format. Q.34.b. on 126 form.

**National Electronic Telecommunications System for Surveillance (NETSS)
RECORD LAYOUT FOR TRANSMISSION OF STD MORBIDITY DATA
DELETION RECORDS**

<u>Field Name</u>	<u>Columns</u>	<u>Notes</u>
RECTYPE	1	Record type will determine how the record is handled when it arrives at CDC. Value for deletion record: <i>D=Delete</i>
UPDATE	2	Currently not implemented.
STATE	3-4	Standard Reporting State FIPS code.(e.g., "06", "13").
YEAR	5-6	MMWR Year (2-digits) in which record to be deleted was reported to CDC.
CASEID	7-12	Unique Case ID (numeric only) assigned by the state.
SITE	13-15	Location code used by the state to indicate where report originated and who has responsibility for maintaining the record. (NOTE: STD*MIS software substitutes a '#' for the leading 'S' in codes listed below). Values include: <i>S01=State epidemiologist</i> <i>S02=State STD Program</i> <i>S03=State Chronic Disease Program</i> <i>S04-S99=Other state offices</i> <i>R01-R99=Regional or district offices</i> <i>001-999=County health depts (FIPS codes)</i> <i>L01-L99=Laboratories within state</i> <i>CD1=Historical records (prior to new format)</i> <i>CD2=Entered at CDC (based on phone reports)</i>
WEEK	16-17	MMWR Week on Surveillance Calendar, i.e., week in which record to be deleted was reported to CDC.
FILLER	18-60	Blank

**National Electronic Telecommunications System for Surveillance (NETSS)
RECORD LAYOUT FOR TRANSMISSION OF STD MORBIDITY DATA
VERIFICATION RECORDS**

<u>Field Name</u>	<u>Columns</u>	<u>Notes</u>
RECTYPE	1	Record type will determine how the record is handled when it arrives at CDC. Value for verification record: <i>V=Verification</i>
STATE	2-3	Standard Reporting State FIPS code.(e.g., "06", "13").
EVENT	4-8	Event (disease) code for the disease being reported. <i>STD Codes:</i> <i>10273=Chancroid</i> <i>10274=Chlamydia trachomatis infection</i> <i>10276=Granuloma inguinale (GI)</i> <i>10280=Gonorrhea</i> <i>10306=Lymphogranuloma venereum (LGV)</i> <i>10307=Non-Gonococcal Urethritis (NGU)</i> <i>10308=Mucopurulent Cervicitis (MPC)</i> <i>10309=Pelvic Inflammatory Disease (PID)</i> <i>[unknown etiology]</i> <i>10311=Syphilis (primary)</i> <i>10312=Syphilis (secondary)</i> <i>10313=Syphilis, early latent</i> <i>10314=Syphilis, late latent</i> <i>10315=Syphilis, unknown latent</i> <i>10316=Syphilis (congenital)</i> <i>10318=Late Syphilis with clinical manifestations</i>
COUNT	9-13	Number of cases reported year-to-date.
YEAR	14-15	Year (2-digits) in which verification record is being transmitted to CDC.
FILLER	16-60	Blank

ATTACHMENT B

EXAMPLE OF TRANSMISSION SUMMARY REPORT

NNDSS STATE'S STATUS-SUMMARY REPORT

WEEK 50 , WEEK ENDING DATE:12/15/2007

TABLE 1

PROCESS DATE: 12/18/2007

ANY STATE

PROCESS TIME: 11:31

FILENAME FOR LOAD: R:\LINK\MMWRPROD\INNET77\MDN01919.STD

SUMMARY TOTALS OF THIS WEEK'S REPORT

TOTAL RECORDS RECEIVED	928
<hr/>	
NUMBER OF NEW RECORDS ADDED TO DATABASE	553
NUMBER OF UPDATE/DELETION RECORDS	353
NUMBER OF VERIFICATION RECORDS	9
NUMBER OF NON_NOTIF RECORDS NOT ADDED TO DATABASE	0
NUMBER OF INVALID RECORDS NOT ADDED TO DATABASE	5

WEEK 50 , WEEK ENDING DATE:12/15/2007

TABLE 2

PROCESS DATE: 12/18/2007

ANY STATE

PROCESS TIME: 11:31

THE FOLLOWING DIFFERENCES WERE NOTED BETWEEN THE CDC/NCPHI
DATABASE AND THE VERIFICATION RECORDS SENT FROM THE STATE
DATABASE

PLEASE RECONCILE THE COUNTS; CALL THE GENERAL BRANCH
NUMBER @ (404) 498-6241 FOR ASSISTANCE, IF NECESSARY.
PLEASE TRANSMIT CHANGES AND CORRECTIONS AS SOON AS POSSIBLE

EVENT	CDC	STATE	DIFFERENCE
ASEPTIC MENINGITIS	493		493+
BACTERIAL MENING., OTHER	58		58+
CHANCROID	1	1	
CHICKENPOX (VARICELLA)	6		6+
CHLAMYDIA TRACHOMATIS	19388	19378	10+
FLU ACTIVITY CODE	109		109+
GIARDIASIS	249		249+
GONORRHEA	5855	5850	5+
HAEMOPHILUS INFLUENZAE	79		79+
HEPATITIS B, V. ACUTE	125		125+
HEPATITIS C, V. ACUTE	29		29+
LEGIONELLOSIS	84		84+
LYME DISEASE	3019		3019+
MALARIA	63		63+
MENINGOCOCCAL DISEASE	20		20+
MUMPS	16		16+
PERTUSSIS	120		120+
RABIES, ANIMAL	327		327+
ROCKY MOUNTAIN SP. FEVER	90		90+
RUBELLA	1		1+
SALMONELLOSIS	865		865+
SHIGELLOSIS	113		113+
STAPHYLOCOCCUS (MRSA)	3		3+
STREPTOCOCCAL DISEASE, INV.GROUP A	207		207+
STREPTOCOCCAL DISEASE, INV.GROUP B	452		452+
SYPHILIS, CONGENITAL	15	15	
SYPHILIS, EARLY LATENT	283	279	4+
SYPHILIS, LATE LATENT	323	320	3+
SYPHILIS, LATE W/CLIN.	5	5	
SYPHILIS, PRIMARY	80	78	2+
SYPHILIS, SECONDARY	216	215	1+
SYPHILIS, UNKNOWN LATENT	43	40	3+
TUBERCULOSIS	250		250+
TYPHOID FEVER	16		16+

* STATE HAS MORE RECORDS THAN CDC/NCPHI. PLEASE CHECK FILES AND
TRANSMIT ANY ADDITIONAL RECORDS.

+ CDC\NCPHI HAS MORE RECORDS THAN STATE. PLEASE CHECK FILES AND
TRANSMIT APPROPRIATE DELETIONS.

WEEK 50 , WEEK ENDING DATE:12/15/2007

TABLE 3

PROCESS DATE: 12/18/2007

ANY STATE

PROCESS TIME: 11:31

UPDATES AND DELETIONS PERFORMED AND POSSIBLE ERRORS DETECTED

YEAR	WEEK	SITE	CASEID	EVENT NAME	MESSAGE
2007	45	#01	48982	EVENT CODE INVALID	RECORD DELETED
2007	49	#01	50162	EVENT CODE INVALID	RECORD DELETED
2007	49	#01	50280	EVENT CODE INVALID	RECORD DELETED
2007	40	#01	1684	GONORRHEA	RECORD UPDATED
2007	40	#01	1688	CHLAMYDIA	INVALID RECORD TYPE: K *(INVALID RECORD)
2007	25	#01	1693	CHANCROID	INVALID STATE CODE: 88 *(INVALID RECORD)
2007	40	#01	1694	CHLAMYDIA	RECORD UPDATED
2006	40	#01	1696	GONORRHEA	DATABASE CLOSED FOR YEAR: 06 *(INVALID RECORD)
2007	54	#01	1707	SYPHILIS, PRIM	INVALID WEEK NUMBER: 54 *(INVALID RECORD)

*(INVALID RECORD) - RECORD NOT ADDED TO DATABASE. PLEASE SEND CORRECTED RECORD.

(WARNING) - RECORD ADDED TO DATABASE. PLEASE SEND CORRECTIONS TO RECORD.

ATTACHMENT C

RE-CODING OF EXISTING CASE DATA FOR TRANSMISSION

Re-coding of Existing Case Data for Transmission Using New Format

In addition to adding new data elements, the new case report format has introduced changes in a number of existing data elements. For the most part, existing data can be reported via the new format without any special handling of the data. However, there are several data items that do require special handling in order to accommodate the new format. Below is a list of those elements and the corresponding DSTDP recommendation on how they should be processed.

Element	Change	Recommendation
Event	Retirement of code 10317 - Neurosyphilis	DSTDP will no longer accept case reports with Event = 10317 (Neurosyphilis). Any cases entered with this diagnosis should be updated with the appropriate staging and should have the Neurosyphilis Involvement variable set to Confirmed.
Race	Implementation of multi-race selection.	Distribute single race selection appropriately across the multiple race selections. For example, if in the current data Race = White, then it would be reported as White = Yes with all other Race categories (Asian, Black, etc.) = blank. If the existing Race = Asian or Pacific Islander, then it would be reported as Asian = Yes, Native Hawaiian/Pacific Island = Yes and all other Race categories = blank.
Imported	Updated coding scheme.	Re-code as follows: If existing data = 1, report STD Import as N If existing data = 2, report STD Import as C If existing data = 3, report STD Import as S
Sex of sex partner	Discontinued.	This element has been superseded by the new elements Sex w/ Male in Past 12 Months and Sex w/ Female in Past 12 Months. The existing data should be re-coded as follows: If existing data = M – report Sex w/ Male = Y, Sex w/ Female = N If existing data = F – report Sex w/ Female = Y, Sex w/ Male = N If existing data = B - report Sex w/ Male = Y and Sex w/ Female = Y If existing data = R – report Sex w/ Male = R and Sex w/ Female = R If existing data = U – report Sex w/ Male = blank and Sex w/ Female = blank